Attorney Docket No.: UCF-385

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 10/821,755
Applicant: KEVIN D. BELFIELD
Filed: 04/09/2004
For: TWO-FLUORESCENT TERNARY OPTICAL DATA STORAGE
Examiner: Martin J Angebranndt   Group: 1756   Paper No. _____

COMMISSIONER OF PATENTS AND TRADEMARKS
P.O. Box 1450
Alexandria, VA 22313-1450

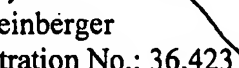## PETITION AND FEE FOR EXTENSION OF TIME

1.   This is a petition for an Extension of Time for a total period of one (1) month to November 13, 2007 to respond to the Office Action mailed on July 17, 2007.

2.   Please charge my <u>Deposit Account No. 504188</u> in the amount of <u>$60.00</u> to cover the above fees.

In the event that the fees are insufficient or in excess of what is required the Commissioner is hereby authorized to charge any appropriate fees under 37 CFR 1.16, 1.17 and 1.21 that may be required by this paper including any underpayments, and to credit any overpayment

3.   A response in connection with the matter for which this extension is requested is filed simultaneous herewith in the form of an Amendment Response.

Respectfully submitted,

Brian S. Steinberger
PTO Registration No.: 36,423
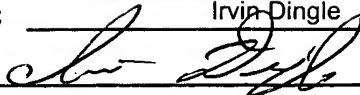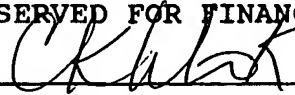
10/23/2007 WASFAW1 00000085 504188   10821755

01 FC:2251   60.00 DA

Adjustment date: 03/31/2008   CKHLOK
10/23/2007 WASFAW1 00000086 504188   10821755
01 FC:1454   1410.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 03/25/08	2 Serial/Patent # 10/821,755

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			$
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
X Petition 1454		10/22/07	$ 1,410.00
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

	7 TOTAL AMOUNT OF REFUND	$ 1,410.00

8 TO BE REFUNDED BY:

	Treasury Check
X	Credit Deposit A/C #:

10 REASON:

	Overpayment
X	Duplicate Payment
	No Fee Due (Explanation):

9 | 5 | 0 | -- | 4 | 1 | 8 | 8 |

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _____Irvin Dingle_____ TITLE: _____Paralegal_____

SIGNATURE: _____ PHONE: _____2-3210_____

OFFICE: _____Petitions_____

****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ DATE: 3/31/08

Instructions for completion of this form appear on the back.   After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

FORM PTO 1577
(01/90)